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MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/926007 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IN
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2		/					52					
3		/					53					
4	/						54					
5	/						55					
6	/						56					
7		/					57					
8		/					58					
9	/						59					
10	/						60					
11	/						61					
12	/						62					
13		/					63					
14	/						64					
15	/						65					
16	/						66					
17	/						67					
18	/						68					
19							69					
20							70					
21							71					
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26							76					
27							77					
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29							79					
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36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	12						TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS	18						TOTAL CLAIMS					

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS